

INFORMATIONAL GUIDE AND TUTORIAL:

Application for Temporary Assistance Grant to Retain Child Care

Updated May 7, 2020

Topics



- 1. Summary
- 2. Tutorial: How to Complete a Grant Application
- 3. Common Questions

Summary



- ▶ Background: The Temporary Assistance Grant to Retain Child Care has been made available by Indiana FSSA's Office of Early Childhood and Out-of-School Learning (OECOSL) to support CCDF programs in loss of revenue from their private pay / cash pay families due to the COVID-19 pandemic.
- Assistance: This grant <u>only</u> provides assistance for self, private, or cash pay-funded children.
- Purpose: Grants are awarded to providers for the purpose of <u>continuing to regularly pay child care staff</u> for the time period of the grant award.
- **Eligibility:** Any provider that is CCDF eligible may apply.
- Grant Length: Each grant last two weeks.
- Application Process: Applicants must apply via Submittable, an online grant management platform. Additional step-by-step application instructions are included in this presentation.
- **Re-Application Frequency:** You must re-apply every two weeks, even if you have already told us that you will be closed for multiple grant cycles.
- ▶ **Grant Status / Decision Communications:** All communications pertaining grant applications will be made within Submittable between OECOSL and applying programs. This includes status checks, approval/denial decisions, and questions from OECOSL. <u>Please be on the lookout for these communications.</u>
- Multiple Locations: If you are a provider with multiple locations, you must fill out one grant application per location per two-week period.

Additional Notes



- ➤ Submitting Again? If you submitted an application for the last grant cycle and are looking to apply again, you must log back in to Submittable with the same credentials. You do not need to create a new account.
- Small Business Administration Paycheck Protection Program loan? You should not apply for this grant if you will receive a Small Business Administration Paycheck Protection Program loan during the same time period.
- Additional Fees: You must factor in any fees charged to non-attending children during this grant cycle in your rate calculations (example: a flat fee per child per week to "hold" a spot).
- Audit: By submitting this grant, you are subject to audit by the State of Indiana.
- Provider Fees: Providers who are charging fees exceeding \$50 per month to families with non-attending children are NOT eligible to receive this grant.
- Award Amounts: For purposes of this grant, child care rates will have reimbursement caps determined by Indiana averages. Total grant awards will be capped at \$5,000 for facilities which have been closed during the grant period of 5/4/20 5/17/20, and at \$20,000 for facilities which have remained open during the grant period of 5/4/20 5/17/20.

Tutorial



Completing a grant application involves four main steps:

- 1. Creating a Submittable account
- 2. Entering your contact information
- 3. Entering your rates, absences, and administrative costs
- 4. Submitting your application and checking on status

Create Your Account



The first step of the grant application process is creating an account, or by logging into your account if you have used Submittable in the past.

Application for Temporary Assistance Grant to Retain Child Care (05/04 - 05/17)

Ends on May 20, 2020

FSSA's Office of Early Childhood and Out-of-School Learning is offering an opportunity to apply for temporary grants for assistance to impacted providers during periods of excessive absence of PRIVATE PAY children and closures due to COVID-19. This grant does NOT provide assistance to providers for CCDF/ On My Way Pre-K funded children. Grants are awarded to providers for the purpose of continuing to regularly pay child care staff for the time period of the grant award. Submitting an application is NOT a guarantee of funding.

Providers who are charging fees exceeding 50\$ per month to families with non-attending children are NOT eligible to receive this grant.

For purposes of this grant, child care rates will have reimbursement caps determined by Indiana averages. These caps are listed on the budget form below. Total grant awards will be capped at \$5,000 for facilities which have been closed during the grant period of 05/04/20 - 05/17/20, and at \$20,000 for facilities which have remained open during the grant period of 05/04/20 - 05/17/20.

We use Submittable to accept and review our submissions

If you have never used Submittable before, click here.

Create Your Account

Have An Account? Sign In

If you have applied for a grant in the past via Submittable and Early Learning Indiana, you already have an account. Click here.

If you need to create an account, please provide the email address that you want us to use to contact you about your application.

Grant Form Completion Overview



Once you have created an account or logged in to your account on Submittable, you are ready to fill out the grant form application.

Important notes to remember as you fill out the grant application:

- DO NOT ENTER CHILDREN PAID BY CCDF OR ON MY WAY PRE-K FUNDING
- Enter only whole numbers into the absences chart. No decimals (i.e., 0.5).
- DO NOT enter special characters like \$, %, &, or #.
- DO NOT <u>average</u> number of children absent. Include whole numbers only.
- Administrative Costs must be entered in decimal format only. For this, you must enter one
 of the following:
 - If 0% Administrative Costs, enter the number zero (0) do not use letters
 - If 1% Administrative Costs, enter 0.01
 - If 2% Administrative Costs, enter 0.02
 - If 3% Administrative Costs, enter 0.03
 - If 4% Administrative Costs, enter 0.04
 - If 5% Administrative Costs, enter 0.05
- If any number is entered using a disallowed character, the TOTAL GRANT AMOUNT REQUESTED will show as #VALUE. This lets you know that you will need to check your work before submitting.

Enter Your Contact Information



The first section of the grant application includes Directions for Completion and a place to enter Provider Information.

Directions for Completion	NOTE: This is the time pe	oriod
This application is for the time period of May 4, 2020, through May 17, 2020.	of the grant application	n lou
If you have multiple sites, you will need to fill out a separate application for each seach application you submit.	site. You will receive a confirmation e-mail for	NOTE: Each physical location requires its own application
Provider Information		
Enter the following information about your child care program. All programs must	be located in the State of Indiana.	
Provider Name *		
Provider License/ Registration/ Certification Number *	Enter Provider Name and License, Certification Information here	Registration, or

Enter Your Contact Information



Provider Street Address *		
City *		
Zip Code *		
Best Phone Number to Reach You (Include Area Code) *		
,		

Include the City, State, and ZIP for the location that this grant application is for. Do not include corporate address information.

With many people being out of the office due to COVID-19 related issues, please provide the phone number where we will have the best chance to reach you. IF WE CANNOT REACH YOU, YOUR APPLICATION MAY BE DENIED.

Enter Your Contact Information



(Optional) EPPIC Provider ID: U	



NOTE: You may find your EPPIC Provider ID at the top POS machine receipt or you can contact the provider help desk at 800-422-0850.

NOTE: You may skip this step if you do not have an EPPIC Provider ID.

Paycheck Protection Program (PPP)



Please note that OECOSL staff members CANNOT answer questions about the Paycheck Protection Program (PPP).

They will direct you to this link: https://home.treasury.gov/system/files/136/PPP--Fact-Sheet.pdf

Have you applied to receive assistance through the Small Business Administration Paycheck Protection Program or through any other source such as local government or a community foundation for the time period of this grant (05/04/20 - 05/17/20)? *

- Yes
- No

Have you been approved to receive assistance through the Small Business Administration Paycheck Protection Program or through any other source such as local government or a community foundation for the time period of this grant (05/04/20 - 05/17/20)? *

- Yes
- No



DO NOT apply for this grant if you are <u>receiving</u> funding from the Federal government through the Paycheck Protection Program (PPP) for the same time period.

Staff and Families



Have you or will you charge families with non-attending children a fee to retain their spot in your program or for any other reason during this grant period (05/04/20 - 05/17/20)? *

Yes

No



NOTE: If you answer "YES" to this, then there is a follow-up question for how much you charge per child per week.

Do you or your facility employ staff? *

- Yes
- O No



NOTE: If you or your facility do not employ anyone beyond yourself, select "no." If you or your facility employ anyone in addition to yourself, select "yes."

Will you continue to pay your staff through the entirety of this grant period (05/04/20 - 05/17/20)? *

- Yes
- No



NOTE: Staff who are paid through this grant award are NOT to collect unemployment insurance through the State of Indiana for the time period covered by this grant.

Reasons for Assistance



Reason for Temporary Assistance *

- I have been/ will be primarily CLOSED throughout the grant period of 05/04/20 to 05/17/20.
- I have been/ will be primarily OPEN, but have experienced significant absences among private pay children during the grant period of 05/04/20 to 05/17/20.



NOTE: Select the response that represents the MAJORITY of the days throughout this grant cycle. Do not select you were primarily open unless you were / will be open to serve children the majority of the weekdays throughout the period of 5/4/20 - 5/17/20

EXAMPLE: If you were open four days but closed six days during the grant period, choose that you were "PRIMARILY CLOSED."



NOTE: If you select that you have been / will be primarily CLOSED during this grant period, you will be asked additional questions about re-opening this facility.

Rates and Absences Overview



Next, you will enter your rates and absences.

For this, you will need to do the following:

- Select if this location uses Weekly or Daily Rate.
- Identify if the location you are applying for accepts children on a part-time or full-time basis, or both.
- Enter the daily or weekly rate for each age group.
 - Age groups include: Infants, Toddlers, Ages 3-4-5, and School Age Other.
 - Do not include \$ in what you enter. (example: enter 150 instead of \$150)
 - You may include decimals. (example: enter 150.50 if the rate is \$150.50)
- Enter Administrative Costs.
 - Administrative Cost is a percentage cost required to facilitate your program. For the purposes of this grant, you may list an administrative cost between 1% and 5%. If you do not have Administrative Costs, enter the number zero (0) do not enter letters.
 - For this form, Administrative Costs <u>must</u> be entered as a decimal (example: 1% would be entered as 0.01).
- Enter the number of actual or estimated absences.
 - This is for PRIVATE PAY / CASH PAY CHILDREN ONLY, by day, by age group. DO NOT enter averages or decimals.
- YOU CANNOT CLAIM COPAYS OR OVERAGES FOR CCDF FAMILIES ON THIS APPLICATION



The second section of the grant application asks for information necessary to calculate the amount of your grant application.

Do you have a daily or weekly rate? * Daily Weekly	Select if this loca weekly rate.	ation uses a daily or		
Does your facility accept children on a part-time or full-time basis?*				
Part-time only		Select if this location traditionally ha		
O Full-time only		accepted children on a part-time or full-time basis, or both.		
O Both part-time and full-time	J	Tate clinic basis, or both.		



The first part of the rates and absences section of the application you will see is below:

<u>A</u>

NOTE: CCDF and On My Way Pre-K children should not be part of what is entered into the application

DO NOT ENTER CHILDREN PAID BY CCDF OR ON MY WAY PRE-K FUNDING

Any fees charged to families to retain their spot in your facility must be deducted from your weekly rate. IF APPLYING TO THIS GRANT, YOU MAY ONLY CHARGE A MAXIMUM OF \$50 PER WEEK TO FAMILIES TO RETAIN THEIR SPOT IN YOUR FACILITY.

Enter your facility rate. If your rate is above the Indiana average rate, it rate will automatically populate to the maximum amount allowed to be claimed. In addition, total grant amount is capped at \$20,000 for facilities that are open.



NOTE: There are now caps on the maximum total grand amount.



The first part of the rates and absences section of the application you will see is below:

Enter only numbers into the chart. DO NOT enter special characters such as dollar, percentage, or pound signs. If your total requested grant amount is not a number, you have entered an unallowable character.

Administrative cost is a percentage cost required to facilitate your program. For the purposes of this grant, you may list an administrative cost between 1% and 5%.

Administrative cost must be entered in a DECIMAL FORMAT. In the administrative cost field, you may ONLY enter one of the following options:

0% administrative cost = enter the number zero

1% administrative cost = 0.01

2% administrative cost = 0.02

3% administrative cost = 0.03

4% administrative cost = 0.04

5% administrative cost = 0.05

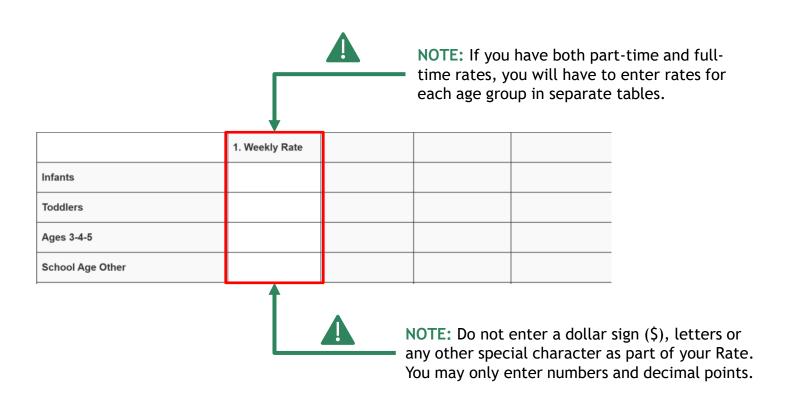


NOTE: When entering Administrative Costs, you MUST ONLY use one of these six figures

At the bottom of this table, you will see a TOTAL GRANT AMOUNT REQUESTED. This number is based on your inputs for the table.



Here is where you enter in the rate (weekly or daily) of age group that this location charges.



Enter Administrative Costs



Here is where you enter the percentage of administrative costs that you wish to claim.

Administrative Costs must be entered in decimal format only. For this, you must enter one of the following:

- If 0% Administrative Costs, enter the number zero (0) do not enter letters
- If 1% Administrative Costs, enter 0.01
- If 2% Administrative Costs, enter 0.02
- If 3% Administrative Costs, enter 0.03
- If 4% Administrative Costs, enter 0.04
- If 5% Administrative Costs, enter 0.05

2. Administrative Costs (Between 1% and 5%, PLEASE ENTER THIS NUMBER IN DECIMAL FORMAT, for example 5% = 0.05):





NOTE: You must either enter the number zero or one of the following values for this calculation to be successful: 0.01, 0.02, 0.03, 0.04, or 0.05.

Enter Absences



Here is where you enter the number of actual and/or anticipated absences of PRIVATE PAY / CASH PAY children, for each age group, over each day of the grant period you are applying for.

	3. Number of Infants Absent	Number of Toddlers Absent	Number of 3-4-5 Year Olds Absent	Number of School Aged or Other Absent
Monday, April 20				
Tuesday, April 21				
Wednesday , April 22				
Thursday, April 23				
Friday , April 24				
Saturday, April 25				
Sunday, April 26				
Monday, April 27				
Tuesday, April 28				
Wednesday, April 29				
Thursday, April 30				
Friday, May 1				
Saturday, May 2				
Sunday, May 3				



NOTE: Enter a number into each cell of this grid.

NOTE: You must only enter whole numbers into each cell (example: no decimals).

NOTE: Do not enter special characters like \$, #, or % into the cells.

NOTE: If you have full and part-time children, you will have to enter those absences into separate tables.

Total Unadjusted Costs



This section of the grant application shows calculated costs based on the information you provided.

0 = A cell with a formula in it and a is not editable

Unadjusted Requested Amount	Total Cost		
Infants	0		
Toddlers	0		
Ages 3-4-5	0		
School Age Other	0		
Total Closure/Absenteeism Cost	0		
Administrative Costs	0		
Unadjusted Total	0		



NOTE: If the TOTAL GRANT AMOUNT REQUESTED is #VALUE, you have entered a character or letter where we were looking for a number (example: \$, %, &, g, z). Please check your work before submitting.

Total Adjusted Costs



This section adjusts your actual rates given the grant maximum amounts.

IMPORTANT NOTE: If your rates are over Indiana averages, your rate will be adjusted.

IMPORTANT NOTE: All applications will cap at \$5,000 for CLOSED FACILITIES and \$20,000 for OPEN FACILITIES.

0 = A cell with a formula in it and is not editable

Maximum Rate Adjustment	Total Cost	Max Weekly Rate	
Infants	0	219	
Toddlers	0	196	
Ages 3-4-5	0	176	
School Age Other	0	140	
Total Closure/Absenteeism Cost	0		
Administrative Costs	0		
Rate-Adjusted Total	0		
Maximum Grant Amount Adjustment	0		
FINAL GRANT AMOUNT REQUESTED	0		



NOTE: If the TOTAL GRANT AMOUNT REQUESTED is **#VALUE**, you have entered a character or letter where we were looking for a number (example: \$, %, &, g, z). Please check your work before submitting.

Stipulations



Stipulations of Temporary Assistance Grant to Retain Child Care. By submitting my application to this grant, I agree to: *

- Enter rates in the table above which are accurate based on the actual rates I charge
- Cap any fees charged to non-attending families a maximum of \$50 per child per month
- Utilize these grant funds to pay teaching staff, which will directly affect the supply of child care available to families long term
- Prioritize caring for children of first responders, medical professionals and other professionals whose work is essential for the general community to stay healthy and safe, and
- ☐ Follow guidance produced by OECOSL regarding child cares that remain open during COVID-19



NOTE: You must agree to all terms in order to be approved for this grant.

Notes and Submission



This section allows you to provide optional feedback that you may use to describe your situation in more detail (example: open 24 hours, accepting first responders, etc.), along with Attestation and Submission.

Provide optional feedback here	This section is optional. If you have a unique circumstance which is not adequately conveyed through the questions above, please briefly describe here.
	Audit By submitting this grant, you are subject to audit by the State of Indiana.
	Attestation Before you submit your application, you must type your name and attest to the statements below. Please carefully read the statement below, type your name, and click Submit. By typing my name and clicking the "Submit" button below, I attest that, within this application, I have listed only private/ self pay children. I have not listed children who are funded through CCDF or On My Way Pre-K. By typing my name and clicking the "Submit" button below, I attest that, If applicable, I have subtracted any fees charged to families during this grant period from the payment rates I entered into the table above. By typing my name and clicking the "Submit" button below, I attest that I am an agent of the provider who's name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.
	Type Your Name *
Submit or Save Draft here	Submit Save Draft Autosaved to your drafts

Tutorial / Submission Confirmation



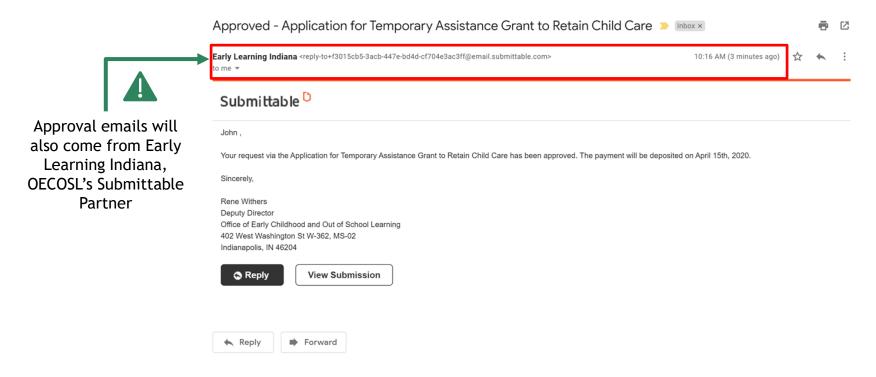
Once your Grant Application is successfully submitted, you will receive a confirmation email via Submittable.

Successful Submission - Application for Temporary Assistance Grant to Retain Child Care >> Early Learning Indiana <notifications@email.submittable.com> 10:05 AM (28 minutes ago) John . This message is to confirm your application was successfully submitted to the FSSA Office of Early Childhood and Out-of-School Learning Temporary Assistance Grant to Retain Child Submission emails will come from Early You will receive an additional e-mail when a decision has been made regarding the status of your application. We aim to make a decision as quickly as possible, typically within 5 business Learning Indiana, days. During periods of high application volume, decisions may take longer. OECOSL's Submittable If you have an additional child care site and you'd like to submit another application for a Temporary Assistance Grant to Retain Child Care, you can do so at the link below: Partner Sincerely REMINDER: If you have multiple locations, Rene Withers click on this link to complete an additional Deputy Director Office of Early Childhood and Out of School Learning application 402 West Washington St W-362, MS-02 Indianapolis, IN 46204 NOTE: Do not reply to this email. This address is used for notifications only. If you need technical help, contact Submittable Support support

Tutorial / Approval



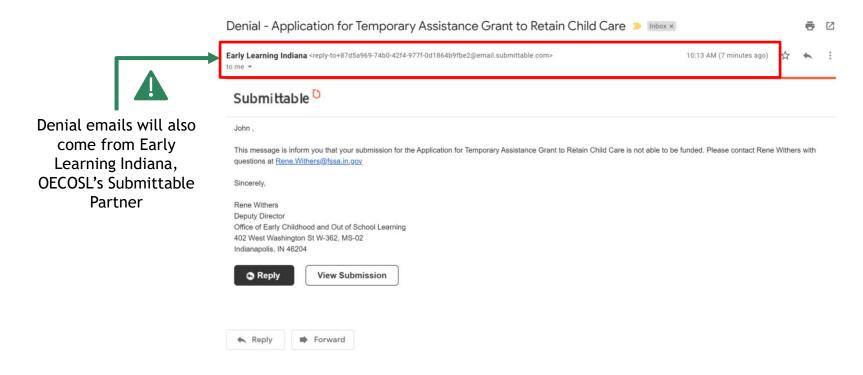
If your Grant Application is approved, you will receive an approval email via Submittable.



Tutorial / Denial



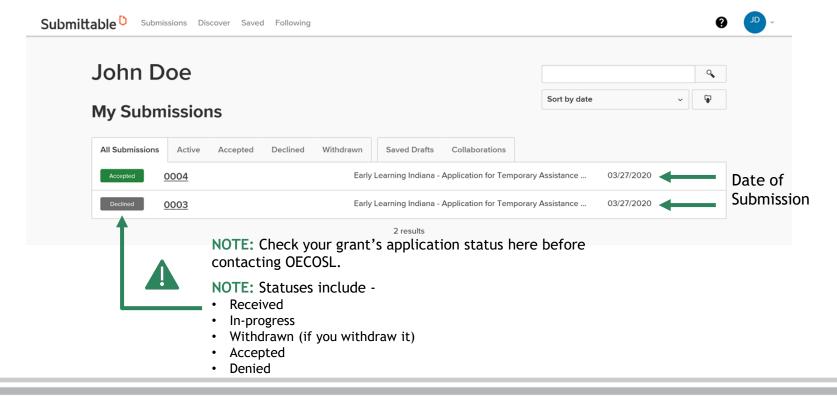
If your Grant Application is declined, you will receive a denial email via Submittable.



Tutorial / Status



- Submittable provides a user dashboard so you can see the real-time status of your grant application.
- You may access this dashboard by logging into Submittable.



Common Questions



Questions and Answers for Indiana Child Care Providers - March 19, 2020

- Can any provider apply for the grant or only providers that have children with CCDF vouchers?
 - Any provider that is CCDF eligible may apply. The provider does not have to have a child who receives CCDF currently enrolled.
- Is the temporary grant only available for days that we are closed or when enrollment is low?
 - The grant is available for either scenarios. The provider may have closed or may have low enrollment and is facing closure. These grants are meant to support programs in loss of revenue from their private pay/cash pay families.
- How long will it take to receive grant funding?
 - If the grant money is approved, it will be electronically deposited into accounts in the same cycle as CCDF payments. To see those payment schedules please visit the provider website at www.hoosierchildcare.com under payment schedule 2020.

Common Questions



Questions and Answers for Indiana Child Care Providers - March 19, 2020

- If I am an eligible CCDF provider and have not had a CCDF child attend or a POS machine installed how will I receive grant funding?
 - You will need to access the provider website at www.hoosierchildcare.com and complete the provider agreement and bank change forms and submit to Carrie Gray at carrie.gray@fssa.in.gov.
- If a program closes can the program apply the personal days and also apply for the grant opportunity every two weeks?
 - Yes, the program should utilize the personal days for the children that receive subsidy through CCDF and the grant funding to supplement for children that private pay.
- Are the grant funds to be used to pay the child care staff if we close?
 - Yes, this funding is meant to pay the child care staff in order to retain the supply of child care even after the COVID-19 pandemic is over.

Common Questions



Questions and Answers for Indiana Child Care Providers - March 19, 2020

- If a provider has multiple sites does each site have to apply for the grant funding?
 - Yes, each site must apply individually.
- If I am not a CCDF-eligible provider what other assistance is available?
 - OECOSL will continue to work with our community-based organizations as well as other state agencies to make you aware of any opportunities that might become available.
 Please check back frequently to the OECOSL webpage as we will update resources there.
- Will programs hear anything back once they submit the temporary assistance application?
 - Yes, programs will receive an email from OECOSL once the application has been approved.



Thank You!

If you have any questions, please contact Rene Withers at rene.withers@fssa.in.gov